| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155224 | A. BUILDING 01<br>B. WING _____ | 09/11/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COLUMBIA HEALTHCARE CENTER | 621 W COLUMBIA ST<br>EVANSVILLE, IN 47710 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| K 000 | INITIAL COMMENTS<br><br>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.<br><br>Survey Date: 09/11/12<br><br>Facility Number: 000129<br>Provider Number: 155224<br>AIM Number: 100266780<br><br>Surveyor: Lex Brashear, Life Safety Code Specialist<br><br>At this Quality Assurance Walk thru survey, Columbia Healthcare Center was found in compliance with 410 IAC 16.2-3.1-19(ff).<br><br>This two story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in resident sleeping rooms in the 1400 hall (1403to 1406 and 1408), and 2400 hall (2403 to 2410), and battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 186 and had a census of 157 at the time of this survey.<br><br>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.<br><br>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except one detached wood shed used for facility storage. | K 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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|---|---|---|---|---|
| K 000 | Continued From page 1<br><br>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/17/12. | K 000 | | |